Nova Scotia Provincial Health Council

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Annual Report

for the fiscal year ending March 31, 1992

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Provincial Health Council

92-04190/

To His Honour
The Honourable Lloyd R. Crouse, P.C.
Lieutenant-Governor of Nova Scotia

May It Please Your Honour:

I have the honour to submit the annual report of the Provincial Health Council for the year ending March 31, 1992.

I remain, Sir,

George Moody

Your obedient servant,
Honourable George Moody
Minister of Health

Honourable George Moody
Minister of Health

Sir,

On behalf of the Provincial Health Council, I have the honour to submit herewith our first Annual Report.

This report is for the year ended March 31, 1992; and is pursuant to Section 13 (1) of the Health Council Act dated June 19, 1990.

Please note that in subsequent reports, the Provincial Health Council will be commenting on the health of Nova Scotians and the health care system in more detail than was possible in our first year of operation.

Sincerely,

Gwen Haliburton
Chairperson

Provincial Health Council

December 1990 – December 1991

Members

Gwen Haliburton	Chairperson Dartmouth, NS
Ruby Blois	Dartmouth, NS
Bertha Brannen	Brenton, NS
John Cochrane	Kentville, NS
Doug Crossman	Dartmouth, NS
Blake Daley[1]	Amherst, NS
Joan Glode	Shubenacadie, NS
Harvey MacEachern[2]	Sydney, NS
Lynn McIntyre	Halifax, NS
John Oss	Barrington, NS
Judith Ritchie	Halifax, NS
Dolly Williams	East Preston, NS

Ex officio Members

Mary-Jane Hampton	Executive Director Provincial Health Council
Cathy MacNutt	Deputy Minister Department of Health
Rick Cameron[3]	Director Policy, Planning and Research, Department of Health

1 In December 1991 Blake Daley completed his term and Brenda Van Zoost from Amherst was appointed to the Council.

2 In December 1991 Harvey MacEachern completed his term and Father Michael Rankin was appointed to the Council.

3 In December 1991 Rick Cameron was replaced by Dean Hirtle, Administrator, Policy Planning and Research, Department of Health.

It is the spirit of cooperation, the desire to take hold of our collective destiny, and the resourcefulness to try new approaches to old problems that gives the Council such confidence in its ambitious mandate.

— Mary-Jane Hampton, Executive Director

Nova Scotia is on the leading edge of health planning in the country. We are the only province with a legislated Provincial Health Council as a result of a recommendation of the Nova Scotia Royal Commission on Health Care and the Government of Nova Scotia's *Health Strategy for the Nineties.* We are faced with financial challenges throughout the public system which, in many respects, confronted this region sooner than other parts of the country. We have volunteers, communities, professionals, government and advocates poised for change.

As it is certain that change is upon us, so too is it certain that Nova Scotians are determined to preserve the excellence in health care which we have come to enjoy. At the same time, however, we recognize that the manner in which resources are spent, and the degree to which health is achieved, will require major reform of the health care delivery system and many other aspects of our society. The Provincial Health Council was established to offer a vision and strategy for that process, engaging the citizens of Nova Scotia to express their beliefs, expectations and advice, and then articulating that advice to the Minister of Health. An Act to Establish a Provincial Health Council has been reproduced at the end of this report.

The First Year

The Council has come a long way in twelve months, although to those members and observers who were previously less familiar with government systems and processes the birth of the organization seemed painful and slow. Indeed, at the time of offering this report, it will have taken over one year to establish our offices, secure a full staff complement and prepare to undertake our mandate – the development of a comprehensive health plan for Nova Scotia, and strategies to achieve it.

Even with the strong advocacy of the Minister of Health and his staff on our behalf, the first phase of our development took much longer than anticipated. We trust that this is symptomatic of establishing a new organization within an old structure, and that many of these issues will resolve themselves over time.

There has also been some discussion about the appropriateness of the Council's reporting relationship to the Minister of Health as opposed to direct reporting to the Executive Council – that is, Cabinet – as was recommended by the Nova Scotia Royal Commission on Health Care. It is Council's view that, at present, the existing structure is manageable and of potential mutual advantage. With the Minister's assurance of a supportive but not intrusive Department, and access to its resources to facilitate our mandate, the Council will be well positioned to provide sound advice to the Governor in Council, through the Minister of Health, on health and health care in Nova Scotia. It will take time for roles and relationships to evolve, however, and the Department of Health is itself undergoing a metamorphosis. Reporting structures may, in the future, warrant review.

The following are highlights of the work of Council this past year with the caveat that, in light of our focus on administrative and developmental issues in 1991, we consider the commencement of our mandate to be January 1992.

Council Members Appointed

The Chair was appointed in November 1990 with all remaining positions filled by order-in-council (excepting the Deputy Minister of Health and Fitness and that department's Administrator of Policy and Planning, who are ex officio members) in December of the same year. Members were given one-, two-, or three-year terms in order that turnover could be controlled, while allowing for annual opportunities for citizens to participate as members of the Council.

The members represent all areas of the province, and bring many and varied perspectives to the Council table.

Gwen Haliburton, Chairperson, has had extensive experience as a volunteer in the health care system in Nova Scotia. Mrs. Haliburton is the immediate past chairperson of the Dartmouth General Hospital, is a member of the Healthy Dartmouth Committee, a Metro United Way board member, and Chair of its Agency and Community Services Committee.

Ruby Blois is Vice President of Nursing and Special Services at the IWK Children's Hospital and is active in various professional and community activities. Mrs. Blois has completed a one-year term on the Provincial Health Council and has recently been reappointed for three years.

Bertha Brannen is a resident of Brenton, Yarmouth County, and has 25 years of experience in the health care field. Mrs. Brannen is a member of the RNANS Disciplines Committee, is Administrator of Nakile Home for Special Care in Yarmouth County, and is active in several community groups.

John Cochrane is a busy lawyer, inveterate volunteer (community, church, and professional), and hospital board member at Valley Health Services in Kentville. His particular areas of interest are community mental health and ethical issues.

Doug Crossman is a resident of Dartmouth and is Executive Director of the Canadian Mental Health Association (Nova Scotia Division). Mr. Crossman is a well-known consumer advocate and is also a member of the Minister's Mental Health Task Force.

Blake Daley of Amherst is Chairman of the Board of Highland View Regional Hospital, a board member of the Nova Scotia Association of Health Organizations, and a member of the Cumberland County Hospital's regional planning committee. Mr. Daley is a long-time proponent of the coordination of regional health services.

Joan Glode is a Micmac Indian who since her graduation from Dalhousie University's School of Social Work in 1973 has become increasingly involved in the development of social services and of the human resources required to fill the needs of the reserve communities. Ms. Glode is currently Executive Director of Micmac Family and Children's Services, and works with the Chiefs who constitute the Board of Directors to develop programs and services to meet the unique needs of the on-reserve community.

Harvey MacEachern has been a social worker for about thirty years in the field of child welfare and protection. A volunteer with organizations serving elderly people, people with mental disabilities, and emotionally disturbed children, Mr. MacEachern has most recently served on the board of directors of Talbot House.

Lynn McIntyre is a medical doctor and specialist in community medicine. During her first year on the Council, Dr. McIntyre worked as the hospital epidemiologist at the IWK Children's Hospital and as Assistant Professor in the Department of Community Health and Epidemiology at Dalhousie University. She is currently President of the Public Health Association of Nova Scotia and is the newly appointed Dean of the Faculty of Health Professions at Dalhousie.

John Oss is Superintendent of Schools for the Shelburne County District School Board. He is a member of the Roseway Hospital Board and has 32 years of experience as a teacher at the elementary, high school, college and university levels.

Judith Ritchie is a professor of nursing at Dalhousie University and Director of Nursing Research at the IWK Children's Hospital. She has been involved at the federal level in lobbying for health care reform.

Dolly Williams is a member of the Health Action Coalition and an executive member of the Congress of Black Women of Canada. She is Coordinator of the Union Counselling Program, an agency of the United Way.

In December 1991, Blake Daley and Harvey MacEachern completed their terms and Brenda Van Zoost and Father Michael Rankin were appointed to the Council.

Brenda Van Zoost, C.A., is vice president of Windjammer Windows & Doors in Amherst. She has previously been on the executive of Zonta Club of Amherst, Board of Trustees of Trinity–St.Stephen's United Church, Amherst High School Band and Choir, and has been involved in other community work.

Father Michael Rankin is chaplain at MacGillivray Guest Home, Breton Bay Nursing Home, Cape Breton Hospital and Braemore Home. A member of the Health Coalition of Cape Breton, Father Rankin has been very active in the development of pastoral care and palliative care in Cape Breton.

It must be noted that, in the absence of staff, the Council's work was done entirely by volunteers and a casual secretary for the first eight months of its operation.

Staff Appointed

After a five month recruitment process, Council hired its Executive Director, **Mary-Jane Hampton**, who was previously executive director of a district health council in Ontario. Prior to that, she was the legislative analyst at the Manitoba Health Organizations in Winnipeg. While the Executive Director is an order-in-council appointment, the rest of the staff are civil service employees.

Ian Johnson, Senior Policy Analyst, has extensive research and policy experience in the areas of health and social policy. A native of Nova Scotia, he has been instrumental in the Community Health Centre movement in two provinces and is a highly regarded advocate for health care reform and citizen participation.

Karen McNutt, Policy and Research, has had experience both with the Department of Health and the Department of Community Services. She was involved in the Child Health Survey and most recently in an evaluation of a federal–provincial initiative to provide employment training programs for social assistance recipients.

Heather Praught, Research and Communication, is a former health and physical education teacher who joined the Senior Citizen's Secretariat as a researcher. She has had considerable experience in the design and organization of conferences and consultation processes on the regional and provincial levels.

Health Goals Process

Before health goals for Nova Scotia could be developed, Council agreed that health itself has to be defined. That is not as easy as it may sound. "Health" is a broad and complex notion; it is no longer merely the absence of disease, but is a much broader and more holistic concept.

Building on the work of the World Health Organization, the following working definition of Health was adopted by the Nova Scotia Provincial Health Council in October, 1991:

"Health, for Nova Scotians, is the capacity, as individuals and as members of groups and communities, to function optimally and to improve their social and physical environments to achieve well-being."

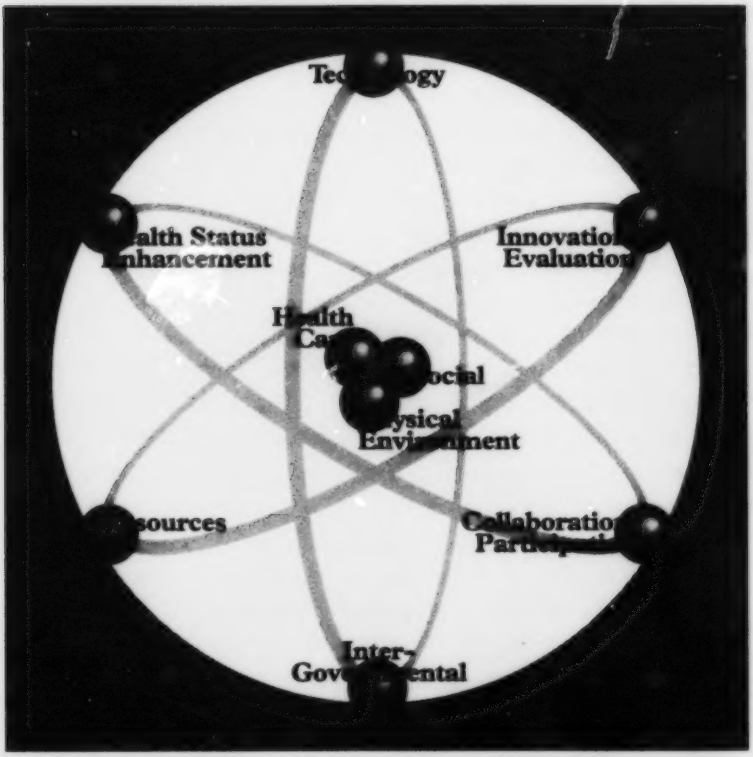
In simpler terms...

"Health is the capacity to function optimally and to achieve well-being."

With health defined, the multi-sectoral nature of strategies to improve and enhance the health of Nova Scotians was apparent. Council reviewed the wealth of documentation about health and health care in Nova Scotia and met with a wide variety of agencies and organizations to ensure that the members of the Council were up to date on their views and perspectives on health and health care in the province. In addition, the Health Goals Committee met with the Deputy Ministers of many departments which will be involved in a comprehensive health plan. We are indeed grateful for their time and interest in our work, and for their genuine expression of enthusiasm to participate in health reform. It is that spirit of cooperation, the desire to take hold of our collective destiny and the resourcefulness to try new approaches to old problems, that gives the Council such confidence in its ambitious mandate.

As a result of those meetings, a review of current literature and an appraisal of the Nova Scotia health scene, Council adopted a draft Comprehensive Health Strategy which will be widely distributed for public review and consultation.

Comprehensive Health Strategy



A Comprehensive Health Strategy Involves Developing, Implementing and Assessing Policies Within a Broadly Defined Vision

As depicted on the previous page, the Strategy suggests nine components to health planning. In summary these components are:

Health Status Enhancement Policies: policies concerning the collection of health status information and for improving health status.

Health Care Policies: policies needed to reshape or reform the health care system as recommended by the Royal Commission and outlined in *Health Strategy for the Nineties.*

Social Policies: policies needed to address the health consequences of poverty, unemployment, and other social and community issues.

Physical Environment Policies: policies needed to address the health consequences of physical environment issues including occupational health and safety.

Collaboration and Participation Policies: policies needed to encourage close collaboration among providers and allow broad-based public participation.

Technology Assessment Policies: policies needed to help make decisions about the appropriate use and availability of health technology, viewed not just as machinery and equipment, but also service delivery and resource management.

Innovation and Evaluation Policies: policies to encourage and sustain innovation and evaluation activities in health.

Intergovernmental Policies: policies needed at national, interprovincial and provincial–municipal levels to improve health.

Resource Allocation and Acquisition Policies: policies needed to guide decisions about the allocation and acquisition of resources for health.

These nine components are embodied by the vision, values and goals for health in Nova Scotia.

The Comprehensive Health Planning Strategy establishes the complexity with which health and health care must be viewed, planned and delivered.

Health goals were offered to the public in draft form in March, 1992. Council is particularly proud that these are "made in Nova Scotia" health goals, intended to address the particular issues and realities confronted by the citizens of this province. While the principles of health planning are similar among jurisdictions, there may be varying approaches to the achievement of provincial health goals in different regions of this province. Council supports and encourages that mosaic, and believes that the strength of our planning and policy development process rests in the flexibility to accommodate, indeed foster, regional priorities and uniqueness. The Council sees Regional Health Agencies as an important component in that process.

Council is very proud that these are "made in Nova Scotia" health goals.

Technology Assessment

Technology assessment is also mandated as an area of focus for the Provincial Health Council, both by the Royal Commission and in *Health Strategy for the Nineties.* As the development of health goals was our top priority in our first year, we have achieved limited progress in the area of technology assessment. A committee has been established, general issues outlined and the need to add to the committee complement identified. In addition, liaison with such national bodies as the Canadian Council on Health Technology Assessment (CCOHTA) has been most helpful in determining the points to which other jurisdictions have progressed in their planning.

In developing the Nova Scotia Provincial Health Council's action plan on this important issue, it is apparent that many of the significant technology planning issues require the establishment of national standards and policies which are supported by provinces; Nova Scotia alone can do little to stem the proliferation of expensive technologies which are of unknown or marginal benefit to patients or society as a whole. There is need for inter-provincial and federal–provincial partnerships in planning and policy development for health care technology, and a real urgency to address the many associated issues.

Issues Addressed

There were several issues with which Council was involved in 1991. The first concerned access to tobacco products by children, and advice to the Minister regarding ways in which the problem could be addressed. Council offered a six-point recommendation to the Minister, including:

- raising the legal age to purchase tobacco products to 19 years;
- levying stiff fines against retailers and individuals who sell cigarettes to children;
- banning vending machines everywhere except in licensed drinking establishments;
- banning "Kiddie Packs", which are packs of 15 or fewer cigarettes
- counselling children who are caught buying cigarettes about the hazards of smoking – not punishing them for succumbing to peer pressure or the sad misconception that smoking makes them adult and independent. Children are, after all, the victims of cigarette manufacturers and the people who sell the products;
- giving the Department of Health rather than local government the necessary resources to enforce laws regulating cigarette sales.

Council also offered advice to the Minister of Health on the announcement to rebuild the Halifax Infirmary on the Camp Hill Medical Centre site. On this issue, Council was quite frankly, in a quandary, and thought that a capital investment of the magnitude announced for this project, in times of financial constraint, merited considerable attention. Of major concern was that $137 million spent on a hospital in Halifax might erode governments capacity to fund other capital projects recommended in the future.

As Council felt it did not have adequate information on which to base sound and thoughtful advice, we communicated to the Minister information that we believed should be gathered in assessing the feasibility of the project.

Council shared its vision of the range and type of services that would be offered by a replacement Infirmary, should it be built, and the desire to see a consultation process in the design of the facility's programs.

Council also stressed the importance of the directions and principles articulated in *Health Strategy for the Nineties* being adhered to in Department of Health planning. We look forward to further implementation of the Strategy.

One component of *Health Strategy for the Nineties* relates to local planning bodies throughout the province, and Council looks forward to the establishment of Regional Health Agencies (RHAs). We believe that RHAs will be an important vehicle through which citizens can participate in directing the future of their health services. We encourage the Minister to ensure that there are appropriate linkages between RHAs at the local level and the Provincial Health Council at the provincial level, to achieve communication and coordination in health planning.

Another focus of the Health Strategy for the Nineties is the reorganization of the Department of Health which is now under way. It is apparent that the Department is at a crossroads in the manner in which it provides and supports programs and services, with several Divisions in a state of transition. Particular concern has been expressed with regard to the state of community health in the province, with five of six regional health units lacking directors and public health programs being withdrawn or cut back. In our view, the Community Health Division is pivotal to the implementation of reform in the Nova Scotia health care system, and Council will be communicating to the Minister the urgency of providing that Division with the resources and leadership it needs to do its job.

Other aspects of the Department have also been reconfigured, consistent with *Health Strategies for the Nineties,* such as the integration of the Commission on Drug Dependency and the Health Services Insurance Commission.

Once the reorganization is complete, it will be important to provide information to the public in order that the new corporate structure is understood. This issue will be addressed in the Provincial Health Council's *Annual Report on Health in Nova Scotia* in March of 1993.

Several task forces have also been established by the Minister of Health to study and provide recommendations on special aspects of health care in the province. Council has encouraged regular communication with and among these groups in order to ensure that fragmented planning is avoided and coordination is achieved. Once the task forces have completed their work, Council looks forward to reviewing their recommendations and integrating their research into the strategies developed to achieve provincial health goals.

We must move together with the confidence to explore, the courage to change and the will to succeed.

Major Health Planning Documents

Council reviewed several important health planning documents which were commissioned by other jurisdictions but which demonstrate consistent themes across the country. The *British Columbia Royal Commission on Health Care and Costs*, the *Barer Stoddart Report*, the *Comprehensive Health System Planning Commission's (Ontario) Report*, and the Quebec report *Equitable à la Mesure de Nos Moyens* are among the many documents Council studied in an effort to learn as much as possible from the experiences and deliberations of others.

The Challenges Ahead

We are most certainly facing challenging times in health care in this province. The impact of such issues as the federal government's unilateral decision to reduce transfer payments, new and proposed federal and provincial legislation, continued economic concerns and the growing provincial deficit must all be assessed. In addition, opportunities for shared health service resources in the Atlantic region should be investigated. Indeed, throughout all stages of the health reform process, we must move together toward the development of a thoughtful and progressive health strategy with the confidence to explore, the courage to change and the will to succeed. The citizens of Nova Scotia expect nothing less.

How To Get In Touch With Us

The Nova Scotia Provincial Health Council depends on your input. If you would like more information about us, or have a particular issue or concern about health and health care in our province, please let us know by contacting our office or the Council member in your area.

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BILL NO. 96

Government Bill

2nd Session, 55th General Assembly
Nova Scotia
39 Elizabeth II, 1990

An Act to Establish a Provincial Health Council

CHAPTER 13
ACTS OF 1990

The Honourable G. David Nantes
Minister of Health and Fitness
As assented to by the Lieutenant Governor
19th June, 1990

An Act to Establish a Provincial Health Council

Be it enacted by the Governor and Assembly as follows:

1 This Act may be cited as the Health Council Act.

2 In this Act,

(a) "Council" means the Provincial Health Council;

(b) "Minister" means the Minister of Health and Fitness.

3 The Provincial Health Council is hereby established.

4 (1) The Council consists of

(a) twelve members appointed by the Governor in Council through a public appointment process from a list of names of persons nominated by the general public as a result of a call by the Governor in Council for nominations from the general public;

(b) the Deputy Minister of Health and Fitness;

(c) the Administrator of Policy and Planning in the Department of Health and Fitness; and

(d) the Executive Director of the Council.

(2) A person who is a member of the Council by reason of holding an office referred to in clause (b), (c) or (d) of subsection (1) may not vote in the deliberations of the Council.

(3) Each member appointed to the Council pursuant to clause (a) of subsection (1) shall be appointed for a term of three years except that of the first members appointed to the Council, four shall be appointed for a term of three years, four shall be appointed for a term of two years and four shall be appointed for a term of one year.

(4) A person appointed pursuant to subsection (3) may be re-appointed but no person may be appointed for more than two consecutive three-year terms.

(5) A majority of the voting members of the Council constitutes a quorum.

(6) Where a person appointed pursuant to clause (a) of subsection (1) ceases to be a member of the Council for any reason other than the expiration of that person's term of office, the Governor in Council may appoint a person for the unexpired portion of the term.

(7) A vacancy in the membership of the Council does not impair the ability of the remaining members to act.

(8) Each member of the Council shall be reimbursed for reasonable expenses necessarily incurred by the member in connection with the work of the Council.

5 The Duties of the Council are to advise the Governor in Council, through the Minister, in the development of a comprehensive health policy, comprising health goals and objectives and in setting the overall direction of the health care system in the Province.

6 In carrying out its duties, the Council shall

(a) invite community organizations, health care providers, consumers and individual members of the general public to provide advice on health issues under review by the Council through methods including public symposia, hearings and distribution of briefs and discussion papers;

(b) provide to the Governor in Council a balanced and informed view of the health care system;

(c) review particular issues referred to the Council by the Governor in Council, through the Minister, and advise the Governor in Council on those issues;

(d) increase public awareness and knowledge of health issues, including population health status, the cost of the health care system and personal responsibility to improve health;

(e) enhance the awareness of Government of emerging health issues from the public viewpoint.

7 The Governor in Council shall appoint for such term as the Governor in Council determines a member of the Council appointed pursuant to clause (a) of subsection (1) of Section 4 to chair meetings of the Council, so long as that person is a member of the Council.

8 (1) The Council may establish committees to examine specific health issues, including health goals, ethics and health technology.

(2) The Council may appoint persons who are not members of the Council to a committee and a member of the Council shall preside over meetings of the committee.

(3) Members of a committee shall be reimbursed for reasonable expenses necessarily incurred by them in connection with the work of the Committee.

9 The Governor in Council may, after consultation with the Council, appoint an Executive Director for the Council upon such terms and conditions, including remuneration, as is determined by the Governor in Council.

10 (1) Such persons as are required for the administration of this Act shall be appointed by the Council in accordance with the Civil Service Act.

(2) Notwithstanding subsection (1), the Council may, with the approval of the Minister, engage, upon such terms and conditions, including remuneration, as the Council deems fit, the services of such professional persons, technical persons and experts to advise the Council or a committee of the Council.

11 In carrying out its duties the Council shall, in consultation with the Deputy Minister of Health and Fitness, engage the services of employees of the Department of Health and Fitness.

12 Funds required by the Council to carry out its duties shall be from money appropriated for that purpose by the Legislature.

13 (1) The Council shall report to the Governor in Council from time to time through and upon the request of the Minister and shall make an annual report on the activities of the Council.

(2) The Minister shall table the annual report of the Council in the Assembly, if the Assembly is then sitting, and if the Assembly is not sitting, within fifteen days of its next sitting.

14 Chapter 196 of the Revised Statutes, 1989, the Health Councils Act, is repealed.

15 This Act comes into force on and not before such day as the Governor in Council orders and declares by proclamation.